INFECTION CONTROL

does not admit or employ persons with
untreated infectious disease. Screening for serious infectious diseases, such as tuberculosis or blood borne pathogens, will be conducted as recommended by OSHA, Department of Mental Health or the consumer's physician. Infections that arise after residence is established are referred to the person's physician for timely, effective treatment and reported to the Communicable Disease Center and/or DHSS. Due to the fragile health status of most
consumers, control of infections is a serious and
diligent effort.
Many changes have occurred over the past 20 years in the management of infectious disease adheres to the control measures outlined in Infection Control in Long Term Care Facilities with an Emphasis on Body Substance Precautions . Body Substance Precautions (BSP) is more comprehensive in glove use than (but consistent with) Universal Precautions and considers all secretions/excretions mucous membranes and non-intact skin as infectious, regardless of the person's diagnosis and is based upon the premise that many infections can be active and transmissible, yet manifest no symptoms. BSP provides a common sense approach since it is event driven and can be easily understood by staff, residents and family.
Staff is cautioned to carryout control measures in an inconspicuous manner maintaining the least "clinical" appearance possible even though control of infection is stressed.
Fundamental to any infection control program is effective <i>handwashing</i> . Handwashing guidelines and infection control measures for various nursing and personal care procedures follow.
Training films and instruction by licensed nurses are available on a 24-hour

basis.